



REQUEST FOR CERTIFICATION OF A CALIFORNIA LICENSE NON- REFUNDABLE \$10.00 FEE

If you are requesting a certification for more than one state, you must submit a separate request and fee for each state.

SECTION A: LICENSEE INFORMATION (Incomplete forms will not be processed)

License Type

- ☐ Cosmetologist
☐ Barber
☐ Electrologist
☐ Manicurist
☐ Esthetician

License Number

Letter(s)

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Numbers

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Last 4 digits of your Social Security Number

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Date of Birth

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Month

Day

Year

Last Name

First Name

Middle Name

If your address has changed do you want the Board to update our records with your current address? ☐ Yes ☐ No

Current Address

City

State

Zip Code

Phone Number

()

Email Address (not required)

SECTION B: CERTIFICATION INFORMATION

Name the State where you want your California Letter of Certification mailed (SPECIFY ONE STATE ONLY)

If your license has expired or been cancelled, please include additional information which may help us to locate your records (e.g., year licensed, category of license, or other names used). If the Board is unable to locate your records your fee will not be refunded.

SECTION C: LICENSEE CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Applicant

Date